UNITED STATES OMB APPROVAL FORM D SECURITIES AND EXCHANGE COMMISSION OMB Number: 3235-0076 Washington, D.C. 20549 Expires: May 31, 2005 RECEIVED Estimated average burden FORM D hours per response.....16.00 NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATION D, SECTION 4(6), AND/OR DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION check if this is an amendment and name has changed, and indicate change.) Name of Offering Tooling University LI Rule 504 Rule 505 XIX Rule 506 Filing Under (Check box(es) that apply): New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) Tooling University (Number and Street, City, State, Zip Code) Telephone Number (Inchuding Area Code) Address of Executive Offices 486-2100 15700 South Waterloo Road. Cleveland, Ohio 44110 (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Develop and implement on online education system to provide a variety of Internet-based courses in the manufacturing industry and other industries. Type of Business Organization other (please specify) limited partnership, already formed corporation

GENERAL INSTRUCTIONS

business trust

Actual or Estimated Date of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Year

CN for Canada; FN for other foreign jurisdiction)

limited liabili

Actual Estimated

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Actual or Estimated Date of Incorporation or Organization: Old Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

limited partnership, to be formed

Month

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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			A. BASIC IDE	NTIF	ICATION DATA				
2. Enter the information re-	quested for the fol	lowing							
 Each promoter of the 	ne issuer, if the iss	uer has	s been organized wi	thin t	he past five years;				
 Each beneficial owr 	ner having the pow	er to vo	te or dispose, or dire	ect the	vote or disposition o	f, 10%	6 or more of	a class	s of equity securities of the issue
 Each executive offi 	cer and director of	f corpo	rate issuers and of o	corpor	ate general and mana	aging	partners of	partne	rship issuers; and
Each general and m	anaging partner of	f partne	ership issuers.						
	ST Decreases	<u> </u>	Constinial Owner		Executive Officer		Director		Consel and/an
Check Box(es) that Apply:	X Promoter	[X] ^I	Beneficial Owner	X) ——	Executive Officer	L.J		لسا	General and/or Managing Partner
Full Name (Last name first, if Jack H. Schro							•		
Business or Residence Addres	s (Number and	Street.	City, State, Zip Co	de)					
15700 South W	aterloo Ro	ad.	Cleveland,	ОН	44110				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Jergens, Inc.									
Business or Residence Addres	s (Number and	Street,	City, State, Zip Co	de)					
15700 South W	aterloo Ro	ad.	Cleveland,	OH	44110				
Check Box(es) that Apply:	Promoter		Beneficial Owner	K)	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	f individual)								
Chad H. Schro	n								
Business or Residence Addre		Street,	City, State, Zip Co	de)					
15700 South W	aterloo Ro	ad.	Cleveland.	ОН	44110		•		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	f individual)								
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	ode)					·····
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	ode)					· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						······	- Aug Aug.	
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	ode)					
	(Use bla	nk she	et, or copy and use	addit	ional copies of this	sheet,	as necessa	ry)	

				B. II	nformáti	ON ABOU	T OFFERI	NG					
ı Dacıb	a iccuar cal	d ordoest	he iccuer i	stend to se	ll to non a	acredited i	nvesters in	thic offeri	102		Yes	No	
I. Has th	,								••••••	K	Ц		
2. What i	Answer also in Appendix, Column 2, if filing under ULOE.										\$1.00		
Z. What i	What is the minimum investment that will be accepted from any individual?										\$100 Yes	No	
3. Does t	he offering	permit join	t ownershi	p of a sing	le unit?	• • • • • • • • • • • • • • • • • • • •					X		
commi lf a per or state	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.									ne offering. with a state			
Full Name (Last name first, if individual)													
Business or	Residence	Address (N	lumber and	l Street, C	ity, State, Z	ip Code)						·	
Name of Associated Broker or Dealer													
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					- -		
(Checl	"All State	s" or check	individual	States)	••••••	•••••	*************		•••••••	•••••••	All States		
ĀL	ĀK	AZ	AR	CA	CO	(CT)	DE	DC	FL	GA	HI	[ID]	
IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR	
Full Name	(Last name	first, if ind	ividual)								······································		
Business of	r Residence	e Address (1	Number an	d Street, C	City, State,	Zip Code)							
Name of A	ssociated B	roker or De	aler										
States in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<u>.</u>						
(Chec	c "All State	s" or check	individual	States)		••••••••			·····	•••••••	Al	1 States	
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	<u> </u>	رتحا	
	IN	IA)	KS	KY	LA	ME	MD	MA	MI	MN	HI MS	MO	
MT	NE	NV	NH	[N]	NM	NY	NC)	ND	ОН	OK.	OR	PA	
RI	SC	SD	TN	TX	ŪT	VT	VA	WA	WV	WI	$\overline{\mathbf{W}}\mathbf{Y}$	PR	
Full Name	(Last name	first, if ind	ividual)										
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)									A	Il States			
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
		Aggregate Offering Price		Amount Already Sold
	Debt\$	-0-	9	S_ - 0-
	EquityClass. A. and .B. Membership Interests\$	6.500		4,950
	☐ Common ☐ Preferred	-,		
	Convertible Securities (including warrants)\$	-0-		50
	REMEMBERS Other (Specify Class C. Membership Interests \$	3,500		3.500
	Other (Specify Class D Membership Interests \$	750,000		750,000
	Total\$	•		\$_758,450
	Answer also in Appendix, Column 3, if filing under ULOE.	,		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	5	_	\$ <u>757,150</u>
	Non-accredited Investors	2	_	\$_1,300
	Total (for filings under Rule 504 only)		_	\$758,450
	Answer also in Appendix, Column 4, if filing under ULOE.			,
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	s <u>-0-</u>
	Regulation A	-0-	_	s0-
	Rule 504	-0-		<u> </u>
	Total	-0-		\$0_
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		∇	\$0_
	Printing and Engraving Costs			<u>\$ 500</u>
	Legal Fees		\square	<u>\$ 28,500</u>
	Accounting Fees		\boxtimes	\$_1,000
	Engineering Fees	•••••	$\overline{\mathbb{Q}}$	\$ - 0-
	Sales Commissions (specify finders' fees separately)		\mathbb{K}	s <u>-0-</u>
	Other Expenses (identify)		\mathbb{K}	s <u>-0-</u>
	Total		\mathbb{K}	\$ 30,000

<i>\$</i>	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s 730,000
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		
	Purchase of real estate	_	
		J 3	Y 2 -0-
	Purchase, rental or leasing and installation of machinery and equipment	ns0-	x s -0-
	Construction or leasing of plant buildings and facilities]\$ - 0-	X7 \$O_
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		<u> </u>
	Repayment of indebtedness] \$_ -0- _	K s -0-
	Working capital T]\$ <u>-0-</u>	₹ \$130,000
	Other (specify):	<u> </u>	<u> </u>
		₹ \$	X s
	Column Totals	<u> </u>	\$730,000
	Total Payments Listed (column totals added)	<u>K</u> \$_	730,000
	D. FEDERAL SIGNATURE		
sie	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writ	ule 505, the following
Iss	uer (Print or Type) Signature	Date	
	poling University LLC	08-09-02	
Na	me of Signer (Print or Type) / itle of Signer (Print or Type)		
Τ.	President		

- ATTENTION ----

Jack H. Schron, Jr.

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)